

A blurred photograph of a hospital hallway. In the foreground, a patient is lying on a gurney, being pushed by medical staff in blue scrubs. The background shows other staff and a bright exit sign at the end of the hallway.

**Korean Studies Indicate What
Our Government is Hiding**

Hatchard Report

Dr. Guy Hatchard

... and What the Whistleblower Wanted to Warn Us About—a Tsunami of Health Issues

An [audio version is available here](#). Or...



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The Korean National Health Insurance Service tabulates health data of the whole population, including vaccination status, which allows researchers to compare the ongoing health outcomes of the vaccinated with the unvaccinated. Precisely the information our government is hiding from independent researchers and public scrutiny—comparative data, which we have been requesting they release.

So what have they found in Korea? Researchers have released a preprint paper entitled “[Hematologic abnormalities after COVID-19 vaccination: A large Korean population-based cohort study](#)”. Haematologic diseases are diseases of the blood and blood forming organs. The researchers randomly selected half of the population of Seoul (around 4.2 million people) aged 20 and above and identified people who had received treatment for a range of blood disorders. They excluded people who had a history of blood disorders prior to the study period and then compared the rate of development of blood disorders among the vaccinated and unvaccinated over a three month period.

The researchers concluded:

“This study demonstrated the haematologic adverse events associated with COVID-19 vaccination using real-world data. The cumulative incidence rate of nutritional anaemia, aplastic anaemia, and coagulation defects significantly and constantly increased for 3 months after the COVID-19 vaccination compared to the non-vaccinated group.”

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Aplastic anaemia is a rare but serious blood condition that occurs when your bone marrow cannot make enough new blood cells for your body to work normally. There is no known cure at this point in time.

Nutritional anaemia refers to anaemia that can be directly attributed to nutritional disorders or deficiencies. Examples include Iron deficiency anaemia and pernicious anaemia.

Coagulations disorders are conditions that affect the blood's clotting activities. Haemophilia, Von Willebrand disease, clotting factor deficiencies, hypercoagulable states and deep venous thrombosis are all coagulations disorders.

Another study from Korea entitled "[The spectrum of non-fatal immune-related adverse events following COVID-19 vaccination: The population-based cohort study in Seoul, South Korea](#)" analysed official health data for Seoul residents between 2020 and 2021 and examined the cumulative incidence rates of non-fatal health outcomes among the vaccinated group which included 1,748,136 individuals compared to the non-vaccinated group which included 289,579 individuals.

The study compared these cumulative incidence rates of non-fatal conditions in the following areas:

Gynecological (including endometriosis, and menstrual disorders [polymenorrhagia, menorrhagia, abnormal cycle length, oligomenorrhoea, and amenorrhoea]),

Haematological (including bruises confined to non-tender and yellow-coloured especially on extremities),

Dermatological (including herpes zoster, alopecia, and warts),

Ophthalmological (including visual impairment, and glaucoma),

Otological (including tinnitus, inner ear, middle ear, and outer ear disease),

Dental problems (including periodontal disease)

Subjects with a history of these illnesses were excluded from the analysis.

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The researchers concluded:

“The cumulative incidence rates of these conditions at three months following COVID-19 vaccination were significantly higher in vaccinated subjects than in non-vaccinated subjects, except for endometriosis.”

A [third study of the same official Korean health data](#), which we have already reported, found higher incidence of eight musculoskeletal conditions among the vaccinated when compared to the unvaccinated including:

Plantar Fasciitis (foot/heel fibrous tissue inflammation),

Achilles tendinitis (pain in the back of the leg near the heel)

Bursitis (inflammation that increases friction between tissues in the body)

Rotator Cuff Syndrome (pain affecting the shoulder)

HIVD (upper back herniated disk),

Spondylosis (chronic neck wear and pain),

Adhesive Capsulitis (inflammation of the shoulder)

De-Quervain Tenosynovitis (wrist inflammation).

The researchers concluded:

“Individuals who received COVID-19 vaccines, either mRNA, viral vector, or mixing and matching, were found to be more likely to be diagnosed with inflammatory musculoskeletal disorders compared to those who did not. Our results provide detailed information on the adverse reactions after COVID-19 vaccination. This information will be useful in clarifying adverse reactions to COVID-19 vaccines and educating people about the potential risk of inflammatory musculoskeletal disorders based on their vaccination status.”

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I don't really need to explain much about these results do I? They speak for themselves. These studies analysed the rates of some specific health outcomes for millions of people following Covid vaccination. The researchers concluded that a very wide range of concerning health conditions are initiated over extended periods as a result of Covid vaccination.

Medsafe, the media, and the New Zealand government are telling us that COVID-19 vaccines are safe and effective, but they are not publishing any comparable data. A computer systems developer working at the Ministry of Health noticed that death rates among vaccinated populations were unusually high and blew the whistle. He has been arrested and charged with '*dishonestly accessing health data*' (his job actually).

Who do you believe? The researchers in Korea who have published analysis of millions of post vaccination health records officially made available by their government or our government who are still refusing to make health records available whilst insisting that COVID-19 vaccination is safe and effective?

In [the words of rapper DertySesh](#) (warning: a lot of words begin with 'f'), who publishes provocative social commentary on X and is unafraid to say how he feels, '*we don't want bland reports from the media that someone has been arrested for vaccine disinformation, we want to know if the data he published is real or not?*' One of our data correspondents, Terry Anderson, sums it up as follows:

Terry picks just one week, number 25 of 2022 ending 19th June. In that week 858 people died (the 3rd highest of the year). The MoH tells us there were 61 Covid deaths in that week, made up of around 46 who died with Covid as the underlying cause and 15 where Covid contributed. That means at least 797 people died of something other than Covid. Over the previous five years from 2017 to 2021, an average of 701 people died. Even allowing for a small population increase (around 2%), excluding Covid there appear to be at least 82 excess unexplained deaths in this one June 2022 week alone, 12% above the long term average.

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If 82 people died in a train accident the nation would agonise over it for years. Every effort would be made to make sure it never happened again. As we have discussed and documented repeatedly, it is not just one week, there has been an unexplained level of excess death occurring week in week out for three years, at least 6,500 New Zealand deaths in total since the vaccine rollout began. To put it in perspective, that is more than twice the 2,700 New Zealanders who died in Gallipoli, whose heroics and sacrifice we commemorate to this day. The whistleblower is right, excess deaths are completely and absolutely off the scale.

The Korean studies of official health data confirm the chief suspect: COVID-19 vaccination. You would think the newly elected government would be crawling all over the New Zealand health data, enlisting the help of those who are untainted by any association with the prior Covid policy formation and assessment, desperately trying to get to the bottom of what has happened and staunch the flow of injury and death.

In fact, our government, the Ministry of Health, and the media seem to be incapable of facing the facts. Through the arrest and public denouncement of a whistleblower, they have shown themselves to be cowards, afraid to face up to the consequences of past decisions. Unbelievably, they are continuing to push the COVID-19 vaccine on the population against all evidence.

A headline in the New York Times today reads *"There Are Politicians Who Lie More Than Is Strictly Necessary"*. Once found out, the cover-up begins and then one lie leads to another. Eventually, any erstwhile friend can be abandoned to save your skin. In our case, the health and longevity of New Zealanders has become a political pawn that is being sacrificed to save Parliament and civil servants from public humiliation and disgrace.

The actual effect of the government policy of continued heavy vaccine promotion in the face of concerning data on adverse effects is frightening. It has completely distorted public perceptions and understanding. We have ended up living in an illogical and untenable world governed by propaganda rather than fact.

I am shocked every day by the stories I hear. Just take this, for example, someone has had persistent health problems over months, including a cardiac event after their third booster. After a fourth jab, they couldn't drag themselves out of bed for three weeks. So they went to see their doctor recently who advised them to get another Covid booster as soon as possible, which they did. Have people lost their minds? Our health service certainly appears to have.

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Where do we go from here?

The health outcomes reported in this article have, I am sure, been very concerning for readers. For our next report hosted by GLOBE.GLOBAL we will discuss research which points to some positive benefits of health interventions which may help alleviate some of the wide range of symptoms of COVID-19 vaccination adverse effects.

Dr Guy Hatchard

05 December 2023